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| 1. CIR/DIST./DIV. CODE GUX | | 2. PERSON REPRESENTED WONG, CHI WAH | | VOUCHER NUMBER | |
| 3. MAG. DKT/DEF. NUMBER | | 4. DIST. DKT/DEF. NUMBER 1:05-000003-001 | | 5. APPEALS DKT/DEF. NUMBER | |
| 6. OTHER DKT. NUMBER | | 7. IN CASE/MATTER OF (Case Name) U.S. v. WONG | | 8. PAYMENT CATEGORY Other | |
| 9. TYPE PERSON REPRESENTED Adult Defendant | | 10. REPRESENTATION TYPE (See Instructions) Appeal of Other Matters | | | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. | | | | | |
| 12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500) Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. _____ <div style="text-align: right; font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="text-align: right; font-weight: bold;">DISTRICT COURT OF GUAM</div> <div style="text-align: right; font-size: 1.2em;">NOV 23 2005</div> | | | | | |
| 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions) | | Telephone Number: _____ 14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 20 <input type="checkbox"/> Legal Analyst/Consultant 02 <input checked="" type="checkbox"/> Interpreter/Translator 21 <input type="checkbox"/> Forensic Consultant 03 <input type="checkbox"/> Psychologist 22 <input type="checkbox"/> Mitigation Specialist 04 <input type="checkbox"/> Psychiatrist 23 <input type="checkbox"/> Duplication Services (See Instructions) 05 <input type="checkbox"/> Polygraph Examiner 24 <input type="checkbox"/> Other (specify) _____ 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical Expert 15 <input type="checkbox"/> Voice/Audio Analyst 16 <input type="checkbox"/> Hair/Fiber Expert 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) 18 <input type="checkbox"/> Paralegal Services 19 <input type="checkbox"/> _____ | | | |
| | | 15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates) | | AMOUNT CLAIMED | | MATH/TECHNICAL ADJUSTED AMOUNT | |
| a. Compensation | | | | | |
| b. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| c. Other Expenses | | | | | |
| 17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____ | | | | | |
| 18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____ | | | | | |
| 19. TOTAL COMPENSATION | | 20. TRAVEL EXPENSES | | 21. OTHER EXPENSES | |
| 22. TOT. AMT APPROVED/CERTIFIED | | | | | |
| 23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____ | | | | | |
| 24. TOTAL COMPENSATION | | 25. TRAVEL EXPENSES | | 26. OTHER EXPENSES | |
| 27. TOTAL AMOUNT APPROVED | | | | | |
| 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____ | | | | | |